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**Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

<b>MAILING</b>	<b>FACSIMILE</b>
[x] deposited with the United States Postal Service as First Class Mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.	[ ] transmitted by facsimile to the Patent and Trademark Office.
Date: <u>October 26, 2000</u>	Name of Person Certifying: <u>Carol M. Grupp</u>

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor(s): John Schenk

Assignee: XY, Inc.

Serial No.: 09/478,299

Examiner: M. Meller

Filing Date: January 5, 2000

Group Art Unit: 1651

Title: Method of Cryopreserving Selected Sperm Cells



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NOV 07 2000

TECH CENTER 1600/2900

Assistant Commissioner for Patents  
Washington, D.C. 20231

**RESPONSE & FEE TRANSMITTAL**

Sir:

In response to the Restriction Requirement mailed on May 26, 2000, enclosed herewith for filing are the following:

- ☐ A Response/Amendment [ ] page(s)
- ☒ A Response to Restriction Requirement under 35 USC 121 [3] page(s)
- ☐ An Amendment Under 37 CFR § 1.111 [ ] page(s)
- ☐ An Amendment Under 37 CFR § 1.116 [ ] page(s)
- ☐ Other \_\_\_\_\_ [ ] page(s)

Also included are:

- ☒ A Petition for Extension of Time [4] months [2] page(s)
- ☐ Information Disclosure Statement  
[ ] page(s) of PTO-1449 [ ] copies of IDS citations
- ☒ Verified Statement of Small Entity Status under 37 CFR § 1.27  
☐ attached hereto ☒ was previously filed
- ☐ Other: \_\_\_\_\_

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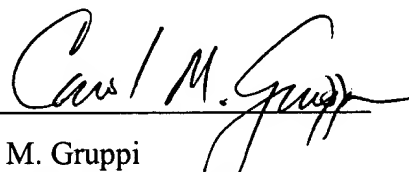
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Fee Calculation						TECH CENTER 1600/2800
<input checked="" type="checkbox"/> The following fees are submitted:						CALCULATIONS
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	\$
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	37-	37		× \$18.00	× \$9.00	\$0.0
Independent claims	3-	3		× \$80.00	× \$40.00	\$0.0
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$270.00	\$135.00	\$
Petition for Extension of Time Fee (4 months)						\$695.00
OTHER FEES _____ (specify)						\$
<b>TOTAL FEES =</b>						<b>\$695.00</b>

- ☒ **Conditional Petition for Extension of Time:** An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the above fees is enclosed.
- ☒ Please charge Deposit Account No. 50-1189, Docket No. 22091-701CON1 in the amount of \$695.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 22091-701CON1. *A duplicate copy of this sheet is enclosed.*

Respectfully submitted,

By:   
 Carol M. Gruppi  
 Registration No.: 37341

Date: October 26, 2000Mailing Address:

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